

CITY OF GREEN BAY
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

This document, when completed, will be used by the City of Green Bay Human Resources Department for the sole purpose of conducting necessary background checks on potential candidates for positions with the City of Green Bay. Retention of this personal data will be kept separate from your application and will remain in the confidential files of the Human Resources Department.

The undersigned hereby authorizes inspection, review, copying and full disclosure of all records concerning myself to any representative of the City of Green Bay, Wisconsin, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information and records from any source, including, but not limited to the following:

1. Any educational institution.
2. Any business, public utility, financial or credit institution to obtain financial statements, records of loans, credit reports or ratings, or other records.
3. Military records including U.S. Veteran's Administration and Selective Service System.
4. Employment, past employment and pre-employment records including, but not limited to, applications, background reports, complaints or grievances filed by or against me, disciplinary reports or letters, performance evaluations, supervisors' comments, wage rates, and work records.
5. Records and recollections of attorneys at law, or other counsel representing me or any other person in any case, criminal or civil, in which I presently have, or have had, an interest.
6. Any public or private social service agency.
7. Friends, relatives, and neighbors.
8. Juvenile records.

I understand that any information obtained directly or indirectly pursuant to this release will be considered in determining my suitability for employment or in connection with continued employment.

I release any individual, institution, or organization, including its officers, employees, and related personnel both individually and collectively, from any and all liability for damages of whatever kind relating to the disclosure of this information.

This consent shall remain in effect for one year from this date or the duration of my employment or whichever is longer.

A photocopy of this Authorization shall be considered as valid as the original.

Signed this _____ day of _____, _____

Signature

Print Name

PLEASE PRINT

Position Applied for:_____			
Department:_____			
Legal Name_____			
(Last)	(First)	(Middle Name)	
Address_____			
(Street)	(City)	(State)	(Zip)
Former Name(s):_____			
Former State(s) of Residence:			
_____		_____	
State		Dates resided (from/to)	
_____		_____	
State		Dates resided (from/to)	
_____		_____	
State		Dates resided (from/to)	
Date of Birth_____		Place of Birth_____	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Social Security Number:_____			
Driver's License Number:_____			

Please return to the Human Resources Department

For Office Use Only:	
Background check requested on _____	by _____ for _____
(Date)	(Analyst)